

Sec. 5C

TAX BILL NO. _____

CITY OF CAMBRIDGE
FY 2014
RESIDENTIAL EXEMPTION

Application for the Residential Exemption must be filed within 3 months after the date the Tax Bill was sent. Whether or not you inherited a residential exemption from the previous owner of your property you must qualify on your own in order to continue to receive the exemption, please complete the questionnaire to determine your eligibility for Cambridge residential exemption.

Property Location : _____

STATEMENT OF FACTS

Names(s) of record owner(s): _____

Applicant's Name: _____

Telephone No. _____

Was this real estate owned and occupied by you as your principal residence on January 1, 2013 ?

YES ☐ NO ☐ You are not eligible for Residential Exemption

Date Acquired: _____ How Acquired: _____
BY PURCHASE, INHERITANCE, FORECLOSURE, GIFT, ETC.

List location (street/city/state) of any other residential real estate owned by you.

Have you ever received a residential exemption in any other city or town? If so, give the address of the property and the year(s) in which the exemption was received.

Location: _____ Years: _____

Will you receive or have you applied for a residential exemption in any other city or town for the fiscal year 2014 to which this application relates? YES ☐ NO ☐

If yes, give the name of the city or town and the address of the property to which the exemption relates.

Is the Cambridge property held in trust? YES ☐ NO ☐

If yes, please attach a copy of recorded Trust or Trustee's certificate and Schedule of Beneficiaries.

Signing this form under the penalties of perjury has the legal effect of swearing under oath to the truthfulness of the information contained herein: All items on this form must be completed. In addition to other sanctions provided by law, intentional misrepresentation of facts in this application may result in cancellation of this exemption.

THIS _____ day of _____, 20____ UNDER THE PENALTIES OF PERJURY.

Signature of Applicant: _____

Post Office Address: _____

FOR ASSESSORS' RECORDS

Notice
Sent _____ for hearing _____ Hearing
DATE DATE DATE held with _____
NAME

Exemption _____ in previous year \$ _____ Page _____ Line _____
ALLOWED OR DISALLOWED

EXEMPTION DISALLOWED _____
REASON

EXEMPTION ALLOWED TO THE EXTENT OF \$ _____ ON THE TOTAL VALUATION OF \$ _____ under General Laws

Chapter 59, S. 5C

Date _____, 20 _____

BOARD OF ASSESSRS
OF CAMBRIDGE

G.L. Ch 59, Sec. 5C
Certificate No. _____

FISCAL 20 _____

APPLICATION
ADDRESS
LOCATION OF PROPERTY
CAMBRIDGE
NAME OF CITY OR TOWN

WARD _____ LINE _____
PRECINCT _____ PAGE _____
ACCOUNT NUMBER _____

THE COMMONWEALTH OF MASSACHUSETTS
APPLICATION
RESIDENTIAL EXEMPTION
FROM REAL ESTATE TAX